



Brazos County District 2 Volunteer Fire Department

P.O. Box 32
Kurten, TX 77862
www.district2vfd.org

Application for Membership

<i>Member Information</i>					
Name:	Last	First	Middle	Name you prefer to be called	
Home Address		Street Address			Apartment/Lot #
		City		State	ZIP
Sex	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		SSN*	Hair Color	Eye Color
DOB	Place of Birth	Height	Weight	Are you a U.S. Citizen?	Blood Type
Date of Last Tetanus		Allergies			
Phones:	Home	Work	Cell	Pager	
Do you request that any of your phone numbers remain private (not listed on roster)?: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Pager					
<i>Employment Information</i>					
Employer			Occupation		
Supervisor			Supervisor's Phone		
Work Address		Street Address			Suite/Mail Stop #
		City		State	ZIP
How long with present employer? Years Months		Work Schedule: <input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Nights <input type="checkbox"/> Rotating Shifts <input type="checkbox"/> Part-Time		Shift Length: <input type="checkbox"/> 8 Hour <input type="checkbox"/> 10 Hour <input type="checkbox"/> 12 Hour <input type="checkbox"/> 24 Hour <input type="checkbox"/> Other:	Are you currently a student? If so, where?
<i>Driving Information</i>					
Driver's License Number		Driver's License State		Driver's License Class	Driver's License Expiration Date
Vehicle Model Year		Vehicle Make		Vehicle Model	Vehicle Color
Vehicle License Plate Number	License Plate State	Vehicle Registration Expiration		Vehicle Inspection Expiration	Vehicle Insurance Expiration
<i>Family / Emergency Contact Information</i>					
Spouse		Spouse's DOB		Spouse's Work Number	
Child 1		DOB		Child 2	
Child 3		DOB		Child 4	
Child 4		DOB		DOB	
Emergency Contact			Relationship		Phone
Preferred Hospital <input type="checkbox"/> St. Joseph's Hospital <input type="checkbox"/> College Station Medical Center			Personal Physician		Physician's Phone

*** SOCIAL SECURITY NUMBER DISCLOSURE**

Mandatory disclosure of your social security number (SSN) is required of you in order for The Brazos County District Two Volunteer Fire Department to collect and maintain employment, payroll, insurance, and retirement account information about you. Employee and non-employee social security numbers may also be used for internal administrative purposes, security background checks, verification of authorization to work, and verification of employment with other State agencies. The Brazos County District Two Volunteer Fire Department reports social security numbers to Federal and State agencies or their contractors as authorized or required by law and for benefits purposes. Your Social Security Number will also be furnished to the State Firemen's and Fire Marshal's Association of Texas to maintain your training records. Further disclosure of your social security number is governed by the Public Information Act (Chapter 552 of the Texas Government Code) and other applicable law.

Military Service & Employment History

Military Service: Branch: _____ From: _____ To: _____	Type of discharge: _____
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If less than three (3) years with present employer, list previous employer(s). Most recent first.

Employer Name:	Address:	Phone:	Reason for Leaving:
Employer Name:	Address:	Phone:	Reason for Leaving:

Background Information

Have you ever been convicted of a crime? (Except traffic violations)
 Yes No If yes, give the following information.

Offense Charged	City / County	State	Date	Disposition of Case

Are you now, or have you ever been under investigation, indictment, or probation for a felony or misdemeanor?
 Yes No If yes, list below.

Offense Charged	City / County	State	Date	Disposition of Case

Traffic Record

Vehicle Insurance Company	Agent	Phone
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Has your driver's license ever been suspended or revoked? Yes No If yes, give date, location, and reason:

Offense Charged	City / County	State	Date	Disposition of Case

List all traffic citations you have received in the last three (3) years. (excluding parking tickets)

Offense Charged	City / County	State	Date

List any accidents within the last three (3) years; give approximate date and locations:

Location	Date	At Fault
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

Education

Institution name	State	Date of attendance From Until	Did you graduate?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

If you did not graduate from high school, did you attain a GED? Yes No

Firefighting Experience and Training

Have you previously been a member of a fire department? Yes No If yes, list departments below:

Department Name	Address	From	Until

Are you certified through SFFMA? Yes No What level? _____ Date received? _____

Are you certified through TCFP? Yes No What level? _____ Date received? _____

Are you a certified instructor? Yes No Level: _____ Date received? _____

Have you attended any fire fighting schools? Yes No Attach copies of any certificates you have received

References

Have you ever applied for membership with the Brazos County District Two Volunteer Fire Department? Yes No

Are you currently a member of another volunteer fire department? Yes No Do you currently work for a paid fire department? Yes No

List any members of the Brazos County District Two Volunteer Fire Department with whom you are acquainted.

Name	Phone

List three (3) references, other than relatives and others named above:

Name	Address	Phone	Relationship

Why do you want to become a member of the Brazos County District Two Volunteer Fire Department?

Medical Information

Name of physician _____ Address _____ Phone _____

Special medical problems / needs? Yes No

If yes, explain:

Do you have any physical disabilities, chronic diseases? Yes No

If yes, explain:

Are you currently taking medication prescribed by a physician? Yes No

If yes, explain:

Have you ever been treated for a work or fire service related injury or illness? Yes No

If yes, explain:

Do you have any defects, diseases, or deformities that may interfere with fire fighting activities? Yes No

If yes, explain:

PHYSICIAN SECTION: (to be filled out by physician)

Name of physician _____

Physician Statement: I have found _____ to be in good health and capable of performing the duties involved with the fire service.

Physician Signature: _____ Date: _____

EMS Certifications

Please list the Month/Year Received for any of the following EMS certifications you currently hold:

CPR	ECA	EMT-B	EMT-I	EMT-P	EMT-LP	BTLS	ACLS	Instructor
EMS Certification Expiration	CPR Certification Expiration		Do you currently work for a paid EMS Agency? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you certified through National Registry? <input type="checkbox"/> Yes <input type="checkbox"/> No			
How long you have been with the department <input type="checkbox"/> Yes <input type="checkbox"/> No		Your firefighting/EMS Certification Level <input type="checkbox"/> Yes <input type="checkbox"/> No			Your ID Picture <input type="checkbox"/> Yes <input type="checkbox"/> No			

Statement of Veracity

Review your answers carefully and read the statement below before signing.

I hereby certify that there are no willful misrepresentations, omissions, or falsifications in the foregoing statements and answers to questions, nor that I have withheld information. I am aware that the information given by me in this application will be investigated with my full permission and that any misrepresentation will cause my application for membership to be rejected. If such misrepresentation, omission, or falsification is discovered after being appointed to the Brazos County District Two Volunteer Fire Department, this will subject me to dismissal from the department.

I authorize the Brazos County District Two Volunteer Fire Department to obtain Driving and Criminal Records, Training Records, and Medical Information about me for purposes of appointment to a position in the fire department.

I further understand that appointments to the Brazos County District Two Volunteer Fire Department are made by the general membership of the department, upon recommendation by the Membership Committee.

Printed Name	Date of Birth
Signature	Date

For Membership Committee Use Only

Date Received Application	Interview Date	Approved for Membership <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____	Date Dues Paid
Criminal History Check <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	Driving History Check <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	Medical History Statement <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	